



Janice K. Brewer  
Governor

## ARIZONA BOARD OF ATHLETIC TRAINING

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### REQUEST FOR LICENSE VERIFICATION

#### REQUESTED BY:

Name		License #	
Home Address on record		City	
State		Zip Code	
Home Telephone # on record:			

#### REQUEST TO BE SENT TO:

Name of State			
Address		City	
State		Zip Code	

#### INFORMATION REQUESTED:

☐ Status (active, closed, suspended, etc.)

☐ Initial issue date

☐ Expiration date

☐ Complaints

☐ Discipline

Signature \_\_\_\_\_ Date \_\_\_\_\_